

Iowa Department of Human Services

INFORMATIONAL LETTER NO-1919 MC-FFS

DATE: July 6, 2018

TO: All Iowa Medicaid Providers Excluding Individual Consumer Directed

Attendant Care (CDAC) Providers

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Emergency Room (ER) Visits and Emergency Diagnosis Codes

EFFECTIVE: August 1, 2018

Effective for claims with date of service on or after August 1, 2018, a claim for an emergent service must contain an approved emergent diagnosis code in the primary (first) position to receive the full reimbursement amount on the claim. If the primary (first) diagnosis on the claim is not emergent, the member will be responsible for any applicable copay amounts.

Emergency Room claims must include all diagnostic services and diagnosis codes relevant to the emergency department visit and be billed at the appropriate Evaluation and Management (E/M) Level. Correct coding indicates that the primary diagnosis reflects the diagnosis, condition, problem, or other reason for the visit as shown in the medical record to be primarily responsible for the services provided. For example, if a patient presents at the emergency room with shortness of breath and it is determined the shortness of breath was the result of a heart attack, the diagnosis in the primary (first) position would reflect a heart attack. A list of the ICD-10 diagnosis codes considered emergent in nature are posted on the DHS website¹.

As stated in Informational Letter <u>1901-MC-FFS</u>², the next update to the approved list of emergent diagnosis codes will be made on January 1, 2019, and annually thereafter.

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email questions to IMEProviderServices@dhs.state.ia.us.

https://dhs.iowa.gov/sites/default/files/1901-MC-

FFS EmergencyRoomVisitsandEmergencyDiagnosisCodes.pdf

https://dhs.iowa.gov/sites/default/files/ICD-10 Emergency Dx 0.pdf